C564 U.S. PTO 09/487962

TITLE

BEST AVAILABLE COPY

9/487962

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
		71530	2/1
FEE DETERMINATION			1 -
O.I.P.E. CLASSIFIER	1 W	32	12/15
FORMALITY REVIEW	7"		
RESPONSE FORMALITY REVIEW	DM	78223	3-17-00
		364	5-6-00

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

	Res		A	
Claim Date	Claim	Date	Claim	Date
	——————————————————————————————————————			Date
Final Coriginal	Final		Final	
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2 1 1	52		101	
			102	
	53		103	
TOTAL STATE	54		104	
5 /	55		105	
6			106	
7	57		107	
8	58		108	
9	59		109	
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11	61		111	
12	62	 - - - - - - - -	112	╒═╏═╏╒ ╏
13	63			
143		 	113	
	64	 	114	
15	65		115	
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19	69		119	
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23	73	 	122	
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24	74		124	
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29	79		129	
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35	85		135	
36	86			
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37	87		137	
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39	89		139	
40	90		140	
41	91		141	
42	92		142	+ + + + + + + + +
43	93		143	
				
44	94		144	
45	95		145	
46	96		146	
47	97		147	
48	98		148	
49	99		149	
50	100		150	

If more than 150 claims or 10 actions staple additional sheet here

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